## "FEE ADDRESS" INDICATION FORM

| Address to:<br>Mail Stop Issue Fee<br>Commissioner for Patents  |   |                           |                             |                                       |            |                             |  |
|---|---|---------------------------|-----------------------------|---------------------------------------|------------|-----------------------------|--|
| PO Box 1450<br>Alexandria, VA 22313-145   | 50  |                           |                             |                                       |            |                             |  |
| Please recognize as th  | e "Fee Address" under the prov              | isions of 37              | CFR 1                       | .363 the foll                         | owing      | address:                    |  |
| Customer Number   | 22033                                       | $\supset \longrightarrow$ | .                           | Place Cust                            |            |                             |  |
|   | Type Customer Number here                   |                           |                             | Bar Code L                            | abel h     | ere                         |  |
| OR  |   |                           | L                           | -                                     |            |                             |  |
| Request for Custon  | ner Number (PTO/SB/125) attac               | hed hereto                |                             |                                       |            |                             |  |
| OR  |   |                           |                             |                                       |            |                             |  |
| Firm or Individual Name   |   |                           |                             |                                       |            |                             |  |
| Address   |   |                           |                             |                                       |            |                             |  |
| Address   |   |                           |                             |                                       |            |                             |  |
| City  |   | State                     |                             |                                       | ZIP        |                             |  |
| Country   |   |                           |                             |                                       |            |                             |  |
| Telephone   |   | Fax                       |                             |                                       |            |                             |  |
| in the following listed appli   | cation(s) for which the Issue Fee ha        | s been paid o             | r pater                     | it(s).                                |            |                             |  |
| PATENT NUMBER (if known)  |   |                           |                             | APPLICATION NUMBER                    |            |                             |  |
| (i  | 10/648,000                                  |                           |                             |                                       |            |                             |  |
|   |   |                           |                             | 10/040,0                              | 500        |                             |  |
|   |   |                           |                             | _                                     |            |                             |  |
|   |   |                           |                             | //                                    |            |                             |  |
|   |   |                           | =                           | $\leq$                                |            |                             |  |
| (check one)   |   |                           |                             | ) <i>)</i> /                          | /.         |                             |  |
| ☐ Applicant/Inventor  |   |                           | Signature                   |                                       |            |                             |  |
|   | (   |                           |                             |                                       |            |                             |  |
| Assignee of record of the entire interest   |   |                           | Benjamin S. Withrow         |                                       |            |                             |  |
| ☑ Attorney or agent of record 40,876  |   |                           | Typed or printed name       |                                       |            |                             |  |
|   |   |                           | 919-238-2300                |                                       |            |                             |  |
| Assignment recorded at Reel Frame   |   |                           | Customer's telephone number |                                       |            |                             |  |
|   |   |                           |                             | Nov                                   | ember      | 8, 2007                     |  |
|   |   |                           |                             |                                       | Date       |                             |  |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. |   |                           |                             |                                       |            |                             |  |
| *Total of form  | s are submitted.                            |                           |                             | · · · · · · · · · · · · · · · · · · · |            |                             |  |
|   | setion of information is required by 17 CEP | 1 262 This infor          | matica is                   | used by the pub                       | lic to eub | and found but the LICOTO to |  |

Barden Nos Statemet. This collection of information is required by 3° CFR 1383. This information is used by the public to submit (and by the USFO to process) payment or pattern maintenance inter. Once finding the process payment of pattern maintenance interced in extended to take 0.08 minutes to complete, including opitheling, preparing, and submitting the complete payment of maintenance less. Time will vary depending on the individual case. Any comments on the amount of time you require to complete this form and/or supplessions from working this bruther and brade been to the information officer. U.S. Pattern and Trademark Office, U.S. Department of Commence, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO Commissions for Pattern, To Des 1460, Alexandris, V.A. 20231-1500.